Case 23-20280-CMB Doc 7-2 Filed 02/14/23 Entered 02/14/23 10:24:36 Desc Schedules Page 1 of 45

| Fill in this inform | mation to identify your | case: | <u> </u> | |
|---|-------------------------|------------------|-----------------|--|
| Debtor 1 | David Couchenou | ır | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Susan A. Couche | nour | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 23-20280 | | | |
| (if known) | | | | ☐ Check if this is a amended filing |

Official Form 106Sum

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

page 1 of 2

| info | as complete and accurate as possible. If two married people are filing together, both are equally responsible for rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|------|--|--------------|-------------------------------|
| Pai | t 1: Summarize Your Assets | | |
| | | Your a | ssets If what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 168,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 35,202.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 203,202.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 135,271.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 45,067.94 |
| | Your total liabilities | \$ | 180,338.94 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,785.89 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,946.37 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | s box and s | ubmit this form to |

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 David Couchenour
Debtor 2 Susan A. Couchenour

Case number (if known) 23-20280

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,996.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | 00.00 | 7 - 0 - 0 - 0 - 0 0 | | Scl | nedules | Page 3 of 45 | | | |
|---------------------------|--------------|--|------------------|------------|-------------------------------------|--|--------------------------------------|--|---------------------------------------|
| Fill in th | is informa | ation to identify | your case and th | nis filinç | g: | | | | |
| Debtor 1 | | David Couch | nenour | | | | | | |
| | | First Name | | Name | | Last Name | | | |
| Debtor 2 (Spouse, if t | | Susan A. Co | | Name | | Last Name | | | |
| United S | tates Banl | kruptcy Court for | the: WESTERN | I DISTR | ICT OF PENI | NSYLVANIA | | | |
| • | | | | | | | | _ | |
| Case nur | mber 2 | 3-20280 | | | | _ | | | Check if this is an amended filing |
| | | | | | | | | | |
| _ | | m 106A/B | - | | | | | | |
| Sche | edule | A/B: Pr | operty | | | | | | 12/15 |
| Part 1: | | ach Residence, B | | | | wn or Have an Interest In | | | |
| □ No. 0 | Go to Part 2 | 2. | | | | | | | |
| Yes. | . Where is t | the property? | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1.1 | 204 !- | and an Diago | | What | is the propert | ty? Check all that apply | | | |
| | | ngton Place available, or other des | cription | | Single-family | | | Do not deduct secured claims or exemption the amount of any secured claims on Scheen | |
| | | | | | | ılti-unit building n or cooperative | | | Secured by Property. |
| | | | | | | | | | |
| lrw | in | PA | 15642-0000 | | | d or mobile home | Current value of | | urrent value of the |
| City | 111 | State | ZIP Code | | Land Investment p | roperty | entire property? | • | ortion you own? \$168,000.00 |
| , | | | | | Timeshare | | | | ownership interest |
| | | | | | Other | | (such as fee sim | nple, tenancy | y by the entireties, or |
| | | | | Who | | t in the property? Check one | a life estate), if I Tenants by t | | tv |
| We | stmorela | and | | | | | | | -, |
| Cour | nty | | | | | Debtor 2 only | | | |
| | | | | | | of the debtors and another | Check if thi (see instructio | | nity property |
| | | | | | r information y erty identificat | you wish to add about this ited ion number: | m, such as local | | |
| | | | | | • | alue determined by App | raisal from 11/ | 30/2022 | |
| | | | | | | | | | |
| 2. Add | the dollar | r value of the po | rtion you own fo | r all of | your entries | from Part 1, including any | entries for | | |
| | | | | | | , | | | \$168,000.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debtor Debtor | | avid Couchenour usan A. Couchenour | | Case number (if known) | 23-20280 |
|------------------|---------------------|---|---|-----------------------------|--|
| . Cars | s, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | 0 | | | | |
| ■ Ye | | | | | |
| | 00 | | | | |
| 3.1 | Make: | Ford | Who has an interest in the property? Check one | | cured claims or exemptions. Put |
| | Model: | Escape | ☐ Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2020 | ■ Debtor 2 only | Current value of | the Current value of the |
| | Approxin | nate mileage: 16,000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | | |
| | | arket Value determined | | \$20,027 | 7.00 \$20,027.00 |
| | by KBI Locatio | on: 14081 Lexington | LI Check if this is community property (see instructions) | Ψ 2 0,021 | Ψ20,027.00 |
| | | North Huntingdon PA | | | |
| | 15642 | 3 | | | |
| | | | | | |
| 3.2 | Make: | Lincoln | Who has an interest in the property? Check one | | cured claims or exemptions. Put secured claims on Schedule D: |
| | Model: | Towncar | Debtor 1 only | | ve Claims Secured by Property. |
| | Year: | 2004 | Debtor 2 only | Current value of | the Current value of the |
| | • • | nate mileage: 94,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| - | | ormation: | At least one of the debtors and another | | |
| | *Fair M by KBI | larket Value determined | ☐ Check if this is community property | \$3,375 | 5.00 \$3,375.00 |
| | • | on: 14081 Lexington | (see instructions) | | |
| | | North Huntingdon PA | | | |
| Ľ | 15642 | _ | | | |
| ■ No | o es d the do | ollar value of the portion you ow | rn for all of your entries from Part 2, includin | g any entries for | \$23,402.00 |
| | | | | | |
| | | be Your Personal and Household It | ems terest in any of the following items? | | Current value of the |
| DO YOU | u own c | r nave any legal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | goods and furnishings | | | o o. o.ompilono. |
| Exa | • | Major appliances, furniture, linens | s, china, kitchenware | | |
| _ | | scribe | | | |
| - 1 | es. De | SCHDE | | | |
| | | Misc Househole | d Goods & Furnishings | | |
| | | | able Upon Request | | 67.000.0 |
| | | Location: 1408 | I Lexington Place, North Huntingdon Pa | A 15642 | \$7,000.0 |
| | | | | | |
| | tronics | | on atomo and digital actions at account and | rintara agains successive : | allo ation of allo attraction devices |
| ⊏xa | | relevisions and radios; audio, vid including cell phones, cameras, n | eo, stereo, and digital equipment; computers, p nedia players, games | ninters, scanners; music o | onections, electronic devices |
| | | 5 , 1 11, 11 | . , , , , | | |

Yes. Describe.....

Official Form 106A/B

| | ebtor 2 Susan A. | Couchenour | Case number (if known) 23-20280 | | |
|----|--|---|---------------------------------|---|--|
| | | Minor Electronics | | ¢4,000,00 | |
| | | Location: 14081 Lexington Place, North Huntingdon PA | A 15642 | \$1,000.00 | |
| 8. | | and figurines; paintings, prints, or other artwork; books, pictures, or othe ections, memorabilia, collectibles | r art objects; stamp, coin, | or baseball card collections; | |
| | ☐ Yes. Describe | | | | |
| 9. | | es and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, nstruments | , golf clubs, skis; canoes a | and kayaks; carpentry tools; | |
| | ☐ Yes. Describe | | | | |
| 10 | . Firearms Examples: Pistols, ■ No □ Yes. Describe | rifles, shotguns, ammunition, and related equipment | | | |
| 11 | . Clothes | y clothes, furs, leather coats, designer wear, shoes, accessories | | | |
| | Yes. Describe | | | | |
| | | Clothing Location: 14081 Lexington Place, North Huntingdon PA | \ 15642 | \$2,000.00 | |
| 12 | . Jewelry Examples: Everyda □ No ■ Yes. Describe | y jewelry, costume jewelry, engagement rings, wedding rings, heirloom j | jewelry, watches, gems, g | old, silver | |
| | | Jewelry Location: 14081 Lexington Place, North Huntingdon PA | \ 15642 | \$1,000.00 | |
| 13 | . Non-farm animals Examples: Dogs, ca ■ No □ Yes. Describe | ats, birds, horses | | | |
| 14 | . Any other persona ■ No □ Yes. Give specific | l and household items you did not already list, including any health | ı aids you did not list | | |
| 15 | | lue of all of your entries from Part 3, including any entries for pages hat number here | s you have attached | \$11,000.00 | |
| Pa | art 4: Describe Your F | nancial Assets | | | |
| D | o you own or have a | ny legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | |
| 16 | . Cash | | | | |

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No

Official Form 106A/B Schedule A/B: Property page 3

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| Debtor 2 | | oucnenour . Couchenour | | Case number (if known) 23-2028 | 0 |
|-------------------------|--------------------------------------|--|---|---|--------------------|
| □ Ye | es | | | | |
| 17. De p | oosits of money | v | | | |
| | <i>amples:</i> Checkir | ng, savings, or other financial acc | counts; certificates of deposit; sha | res in credit unions, brokerage houses, and ch. | l other similar |
| | | | , | | |
| ■ Ye | es | | Institution name: | | |
| | | 17.1. Checking | S&T Bank | | \$800.00 |
| 18. Bon | nds, mutual fun | nds, or publicly traded stocks | | | |
| _ | • | inds, investment accounts with bi | rokerage firms, money market acc | counts | |
| ■ No | _ | Institution or issuer | r nama: | | |
| | es | | | | |
| joir | nt venture | ed stock and interests in incorp | oorated and unincorporated bus | sinesses, including an interest in an LLC | , partnership, and |
| ■ No | - | :- information object the an | | | |
| LI YE | es. Give specifi | ic information about them Name of entity: | | % of ownership: | |
| 20. Gov | ernment and c | corporate bonds and other neg | otiable and non-negotiable inst | truments | |
| Neg | gotiable instrum | nents include personal checks, ca | shiers' checks, promissory notes | , and money orders. | |
| INOI ■ No | - | struments are those you cannot tr | ransfer to someone by signing or | delivering them. | |
| | | c information about them | | | |
| ш ,, | es. Give specific | Issuer name: | | | |
| | | | 403(b), thrift savings accounts, or | r other pension or profit-sharing plans | |
| ■ Ye | es. List each ac | count separately. | | | |
| | | Type of account: | Institution name: | | |
| | | 401(K) | Penn National Insura | ince | Unknown |
| You Exa | ur share of all ur amples: Agreem | | o that you may continue service of public utilities (electric, gas, water | or use from a company er), telecommunications companies, or othe | ers |
| ■ No | o es | | Institution name or individ | dual: | |
| | ` | act for a periodic payment of mon | ney to you, either for life or for a n | umber of years) | |
| ■ No | o es | Issuer name and description. | | | |
| | | cation IRA, in an account in a c (1), 529A(b), and 529(b)(1). | qualified ABLE program, or und | der a qualified state tuition program. | |
| ■ No | | (), (-), (-)() | | | |
| □ Ye | es | Institution name and description | on. Separately file the records of a | any interests.11 U.S.C. § 521(c): | |
| 25. Trus ■ No | • | or future interests in property (| other than anything listed in lin | e 1), and rights or powers exercisable fo | r your benefit |
| | | ic information about them | | | |
| Exa | amples: Internet | ts, trademarks, trade secrets, a domain names, websites, procee | and other intellectual property eds from royalties and licensing a | agreements | |
| ■ No | | ic information about them | | | |

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| | ebtor 1 ebtor 2 | David Couchenour Susan A. Couchenour | Case number (if known) | 23-20280 | | | | |
|-----|--------------------|--|---|--|--|--|--|--|
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holding | es | | | | | |
| | | Give specific information about them | | | | | | |
| M | oney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | |
| 28. | ■ No | unds owed to you | | | | | | |
| | ☐ Yes. (| Give specific information about them, including whether you already filed | the returns and the tax years | | | | | |
| 29. | ■ No | support oles: Past due or lump sum alimony, spousal support, child support, main Give specific information | tenance, divorce settlement, property | settlement | | | | |
| 30. | | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sich benefits; unpaid loans you made to someone else | k pay, vacation pay, workers' comper | nsation, Social Security | | | | |
| | ☐ Yes. | Give specific information | | | | | | |
| 31. | | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No | | | | | | |
| | ■ Yes. N | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: | | | | |
| | | Term Life Insurance with No Cash Value | Spouse | \$0.00 | | | | |
| 32. | If you a someon | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance ne has died. Give specific information | policy, or are currently entitled to rece | eive property because | | | | |
| 33. | Examp. ■ No | against third parties, whether or not you have filed a lawsuit or madeles: Accidents, employment disputes, insurance claims, or rights to sue | de a demand for payment | | | | | |
| | | Describe each claim | | | | | | |
| 34. | ■ No | contingent and unliquidated claims of every nature, including counted be continued by the country of the countr | erclaims of the debtor and rights to | set off claims | | | | |
| 35 | | ancial assets you did not already list | | | | | | |
| JJ. | ■ No | anotal access you are not underly not | | | | | | |
| | ☐ Yes. | Give specific information | | | | | | |
| 36 | | he dollar value of all of your entries from Part 4, including any entrients. The description of the descrip | | \$800.00 | | | | |
| | | | | | | | | |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

| Deb | tor 2 | Susan A. Couchenour | | | Case number (if known) | 23-2028 | 30 |
|--------------|--------------------|--|-----------|----------------------|---------------------------|---------|--------------|
| 37. D | o you c | own or have any legal or equitable interest in any business- | related p | property? | | | |
| | No. Go | to Part 6. | | | | | |
| | Yes. G | Go to line 38. | | | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Property ou own or have an interest in farmland, list it in Part 1. | You Ow | n or Have an Interes | st In. | | |
| 46. I | Do you | own or have any legal or equitable interest in any fa | arm- or | commercial fishir | ng-related property? | | |
| | No. | Go to Part 7. | | | | | |
| | ☐ Yes. | Go to line 47. | | | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in Tha | ıt You Di | d Not List Above | | | |
| | <i>Examp</i> No | have other property of any kind you did not already bles: Season tickets, country club membership Give specific information | list? | | ſ | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Wri | te that r | number here | | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | | | \$168,000.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | | \$23,402.00 | | | |
| 57. | Part 3 | : Total personal and household items, line 15 | | \$11,000.00 | | | |
| 58. | Part 4 | : Total financial assets, line 36 | | \$800.00 | | | |
| 59. | Part 5 | : Total business-related property, line 45 | | \$0.00 | | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | | \$0.00 | | | |
| 61. | Part 7 | : Total other property not listed, line 54 | + | \$0.00 | | | |
| 62. | Total | personal property. Add lines 56 through 61 | _ | \$35,202.00 | Copy personal property to | otal _ | \$35,202.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | | | \$203,202.00 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|-----------------|--|
| Debtor 1 | David Coucheno | ur | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Susan A. Couche | enour | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 23-20280 | | | |
| (if known) | | | | ☐ Check if this is a amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|----|---|--|-----|---|------------------------------------|--|--|--|--|
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/E | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | | | |
| | 14081 Lexington Place Irwin, PA 15642 Westmoreland County | \$168,000.00 | | \$54,762.00 | 11 U.S.C. § 522(d)(1) | | | | |
| | *Fair Market Value determined by Appraisal from 11/30/2022 Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2004 Lincoln Towncar 94,000 miles *Fair Market Value determined by | \$3,375.00 | | \$3,375.00 | 11 U.S.C. § 522(d)(2) | | | | |
| | KBB Location: 14081 Lexington Place, North Huntingdon PA 15642 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Misc Household Goods & | \$7,000.00 | | \$7,000.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Furnishings Summary Available Upon Request Location: 14081 Lexington Place, North Huntingdon PA 15642 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Minor Electronics Location: 14081 Lexington Place, | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | North Huntingdon PA 15642 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

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| | David Couchenour Susan A. Couchenour | | | Case number (if known) | 23-20280 |
|----|---|-------------------------------------|--------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | | | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Clothing Location: 14081 Lexington Place, | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) |
| | North Huntingdon PA 15642 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Jewelry Location: 14081 Lexington Place, | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(4) |
| | North Huntingdon PA 15642 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: S&T Bank Line from Schedule A/B: 17.1 | \$800.00 | | \$800.00 | 11 U.S.C. § 522(d)(5) |
| | Line IIoiii Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401(K): Penn National Insurance Line from Schedule A/B: 21.1 | Unknown | | Unknown | 11 U.S.C. § 522(d)(12) |
| | Elle Holli Schedule A.B. ZTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Term Life Insurance with No Cash Value | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| | Beneficiary: Spouse Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every 3 No | | | led on or after the date of adjustmen | t.) |
| | Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case? | • |
| | □ No □ Yes | | | | |

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| | | | Schedules Page 11 | of 45 | | | |
|---------|--|---------------------------------|---|--|--------------------------|---------------|--|
| Filli | in this info | rmation to identify you | ır case: | | | | |
| Deb | tor 1 | David Couchen | our | | | | |
| | | First Name | Middle Name Last Name | | | | |
| Deb | tor 2 | Susan A. Couch | nenour | | | | |
| (Spou | use if, filing) | First Name | Middle Name Last Name | | | | |
| Unit | ed States E | Bankruptcy Court for the | : WESTERN DISTRICT OF PENNSYLVANIA | | | | |
| | e number | 23-20280 | | | | | |
| (if kno | own) | | | | _ | if this is an | |
| | | | | | ameno | ded filing | |
| Off: | icial Ear | m 106D | | | | | |
| | | m 106D | | | | | |
| Sc | hedule | e D: Creditors | s Who Have Claims Secured | d by Propert | У | 12/15 | |
| is nee | | he Additional Page, fill it | If two married people are filing together, both are eq out, number the entries, and attach it to this form. O | | | | |
| 1. Do | any credito | rs have claims secured by | y your property? | | | | |
| ı | ☐ No. Che | ck this box and submit t | his form to the court with your other schedules. Y | ou have nothing else t | o report on this form. | | |
| - | Yes. Fill | in all of the information | below. | | | | |
| Part | 1: List | All Secured Claims | | | | | |
| | | | and the second states that the second states are stated to | Column A | Column B | Column C | |
| | | | more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured | |
| much | n as possible | e, list the claims in alphabeti | cal order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion | |
| I | Northwe | est Federal Credit | | value of collateral. | Ciaiiii | If any | |
| 2.1 | Union | | Describe the property that secures the claim: | \$22,033.00 | \$20,027.00 | \$2,006.00 | |
| | Creditor's Na | nme | 2020 Ford Escape 16,000 miles *Fair Market Value determined by KBB Location: 14081 Lexington Place, | | | | |
| | | | North Huntingdon PA 15642 As of the date you file, the claim is: Check all that | | | | |
| | 200 Spri | · · | apply. | | | | |
| | | n, VA 20170 | Contingent | | | | |
| | Number, Stre | eet, City, State & Zip Code | Unliquidated | | | | |
| | | 1.1.0.0 | Disputed | | | | |
| _ | | debt? Check one. | Nature of lien. Check all that apply. | | | | |
| _ | ebtor 1 only | | ☐ An agreement you made (such as mortgage or sec car loan) | cured | | | |
| _ | ebtor 2 only | | _ | | | | |
| _ | | Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | | |
| _ | | f the debtors and another | Judgment lien from a lawsuit | | | | |
| | Check if this claim relates to a community debt Other (including a right to offset) Automobile | | | | | | |

Opened 03/21 Last Active

Date debt was incurred 1/23/23

Last 4 digits of account number

0001

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| Debtor 1 David Couchenour | | Case number (if known) 23-20280 | | | |
|--|--|---|--------------------------------|-------------|--|
| First Name Middle Na | ame Last Name | | | | |
| Debtor 2 Susan A. Couchenour | | | | | |
| First Name Middle Na | ame Last Name | | | | |
| Quicken Loans / Rocket | Describe the property that secures the claim: | \$113,238.00 | \$168,000.00 | \$0.00 | |
| Mortgage Creditor's Name | | ¬ — • • • • • • • • • • • • • • • • • • | | | |
| Greater of Name | 14081 Lexington Place Irwin, PA 15642 Westmoreland County *Fair Market Value determined by | | | | |
| | Appraisal from 11/30/2022 | | | | |
| 1050 Woodward Ave | As of the date you file, the claim is: Check all that apply. | t | | | |
| Detroit, MI 48226 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (such as mortgage of car loan) | rsecured | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien | n) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Real Est | tate Mortgage | | | |
| 2 | | | | | |
| Opened 07/19 Last | | | | | |
| Date debt was incurred Active 02/23 | Last 4 digits of account number 413 | 39 | | | |
| ACTIVE 02/23 | East 4 digits of account number | <u> </u> | | | |
| | | | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | \$135,271 | .00 | | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$135,271 | .00 | | |
| write that number here. | | , | | | |
| Part 2: List Others to Be Notified fo | r a Debt That You Already Listed | | | | |
| trying to collect from you for a debt you o | e notified about your bankruptcy for a debt that we to someone else, list the creditor in Part 1, ar you listed in Part 1, list the additional creditors is page. | nd then list the collection age | ency here. Similarly, if you h | nave more | |
| Name, Number, Street, City, State & Northwest Federal Credit V | · | On which line in Part 1 did you enter the creditor? 2.1 | | | |
| Attn: Bankruptcy | | Last 4 digits of account number | | | |
| 200 Spring St | | | _ | | |
| Herndon, VA 20170 | | | | | |
| Name, Number, Street, City, State & Quicken Loans | Zip Code On | which line in Part 1 did you ent | er the creditor? 2.2 | | |
| Attn: Bankruptcy | Las | t 4 digits of account number | _ | | |
| 1050 Woodward Avenue Detroit, MI 48226 | | | | | |

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| | | Schedules | Page 13 | of 45 | | |
|---|---|--|--------------------|--------------------------------------|-----------------------------------|----------|
| Fill in this info | rmation to identify your cas | e: | | | | |
| Debtor 1 | David Couchenour | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Susan A. Coucheno | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: V | VESTERN DISTRICT OF PE | NNSYLVANIA | | | |
| Case number | 23-20280 | | | | | |
| (if known) | | | | | ☐ Check if this is a | n |
| | | | | | amended filing | |
| Official For | m 106F/F | | | | | |
| | | Have Unsecured | Claims | | 12/1 | 5 |
| | | art 1 for creditors with PRIORIT | | Part 2 for creditors with NONP | | - |
| Schedule D: Cred left. Attach the Co name and case no | itors Who Have Claims Secure ontinuation Page to this page. I umber (if known). | I Leases (Official Form 106G). I d by Property. If more space is f you have no information to re | needed, copy t | he Part you need, fill it out, nι | umber the entries in the boxe | s on the |
| | All of Your PRIORITY Unser | | | | | |
| _ | tors have priority unsecured cl | aims against you? | | | | |
| No. Go to | Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORITY U | Insecured Claims | | | | |
| | tors have nonpriority unsecure | | | | | |
| _ ` | | Submit this form to the court with | vour other sche | dules | | |
| | ave nothing to report in this part. | Cubinit and form to the court with | your other some | duics. | | |
| Yes. | | | | | | |
| unsecured cla | aim, list the creditor separately for | s in the alphabetical order of the each claim. For each claim listed ne other creditors in Part 3.lf you | d, identify what t | pe of claim it is. Do not list clair | ns already included in Part 1. If | fmore |
| | | | | | Total claim | |
| 4.1 Allegh | eny Health Network | Last 4 digits of acc | ount number | 6107 | \$ | 336.31 |
| Nonprior | ity Creditor's Name | | | | | |
| | x 645266 urgh, PA 15264-5266 | When was the deb | t incurred? | 09/29/2021 | | |
| | Street City State Zip Code | As of the date you | file, the claim i | s: Check all that apply | | |
| Who inc | urred the debt? Check one. | | | | | |
| ☐ Debte | or 1 only | ☐ Contingent | | | | |
| ☐ Debte | or 2 only | ☐ Unliquidated | | | | |
| ■ Debte | or 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At lea | ast one of the debtors and anothe | Type of NONPRIOR | RITY unsecured | l claim: | | |
| ☐ Chec | k if this claim is for a commur | aity Student loans | | | | |
| debt Is the cl | aim subject to offset? | Obligations arising report as priority claim | | ration agreement or divorce that | you did not | |
| ■ No | - | | | g plans, and other similar debts | | |
| ☐ Yes | | Other. Specify | Medical | | | |
| | | | | | | |

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| Debtor Debtor | 1 David Couchenour 2 Susan A. Couchenour | | Case number (if known) 23-20280 | |
|------------------|---|---|--|-------------|
| 4.2 | Atlantic Diagnostic Laboratories | Last 4 digits of account number | 2727 | \$138.50 |
| | Nonpriority Creditor's Name 3520 Progress Drive Suite C Bensalem, PA 19020 | When was the debt incurred? | 2022 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Medical | | |
| 4.3 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 4373 | \$10,240.00 |
| | Po Box 31293 Salt Lake City, UT 84131 | When was the debt incurred? Opened 07/11 Last Active 01/23 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | | |
| 4.4 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 9223 | \$324.00 |
| | Po Box 31293 Salt Lake City, UT 84131 | When was the debt incurred? | Opened 01/22 Last Active 1/26/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Credit Card | l | |

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| | 72 Susan A. Couchenour | | Case number (if known) 23-20280 | | | | |
|-----|---|--|--|------------|--|--|--|
| 4.5 | First National Bank | Last 4 digits of account number | 7629 | \$4,360.00 | | | |
| | P.o. Box 3412 Omaha, NE 68197 | when was the dept incurred? | | _ | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Credit Card | I | _ | | | |
| 4.6 | Greensky LLC Nonpriority Creditor's Name | Last 4 digits of account number | 9041 | \$6,035.07 | | | |
| | 1797 Ne Expressway Atlanta, GA 30329 | When was the debt incurred? | Opened 07/19 Last Active 01/23 | _ | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Unsecured | | _ | | | |
| 4.7 | Keybank NA Nonpriority Creditor's Name | Last 4 digits of account number | 5758 | \$8,492.00 | | | |
| | 4910 Tiedeman Road Brooklyn, OH 44144 | When was the debt incurred? | Opened 05/19 Last Active 9/03/20 | _ | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ■ No | · | • | | | | |
| | ☐ Yes | ■ Other. Specify Automobile |) | | | | |

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| Debtor Debtor | David Couchenour Susan A. Couchenour | | Case number (if known) 23-20280 | |
|------------------|---|---|--|------------|
| 4.8 | Premier Medical Associates | Last 4 digits of account number | 2615 | \$140.00 |
| | Nonpriority Creditor's Name 3824 Northern Pike Suite 700 One Monroeville Center Monroeville, PA 15146 | When was the debt incurred? | | · · |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · · | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Medical | | |
| 4.9 | SYNCB/Home Design | Last 4 digits of account number | 0643 | \$2,832.00 |
| | Nonpriority Creditor's Name C/o Po Box 965036 Orlando, FL 32896 | When was the debt incurred? | Opened 05/20 Last Active 01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 | Synchrony Bank/Sams Club Nonpriority Creditor's Name | Last 4 digits of account number | 7850 | \$5,909.00 |
| | Po Box 965005 Orlando, FL 32896 | When was the debt incurred? | Opened 09/20 Last Active 12/22 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharin | | |
| | ☐ Yes | Other. Specify Credit Card | | |

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| | or 2 Susan A. Couchenour | | Case number (if known) | 23-20280 | | | | |
|--------------|---|---|---------------------------------|--------------------------|----------------------|--|--|--|
| 4.1 | Target Nb | Last 4 digits of account number | 3336 | | \$319.00 | | | |
| | Nonpriority Creditor's Name | | | | | | | |
| | Po Box 673 Minneapolis, MN 55440 | When was the debt incurred? | Opened 08/18 Last 01/23 | t Active | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | | | | |
| | <u> </u> | ☐ Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepreport as priority claims | paration agreement or divorce | that you did not | | | | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar de | ahts. | | | | |
| | ☐ Yes | ■ Other. Specify Credit Car | | | | | | |
| | | | | | | | | |
| 4.1 2 | Usx Federal Credit Union | Last 4 digits of account number | 1346 | | \$5,942.06 | | | |
| | Nonpriority Creditor's Name | | Opened 08/17 Last | t Activo | | | | |
| | P O Box 3780 Harrisburg, PA 17105 | When was the debt incurred? | 7/31/20 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepreport as priority claims | paration agreement or divorce | that you did not | | | | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar de | ebts | | | | |
| | ☐ Yes | ■ Other. Specify Unsecure | d | | | | | |
| | | | | | | | | |
| Part | 3: List Others to Be Notified About a De | ebt That You Already Listed | | | | | | |
| is tı hav | this page only if you have others to be notified rying to collect from you for a debt you owe to s e more than one creditor for any of the debts th ified for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor at you listed in Parts 1 or 2, list the add | in Parts 1 or 2, then list the | collection agency her | e. Similarly, if you | | | |
| | and Address | On which entry in Part 1 or Part 2 did yo | | | | | | |
| |) Harris E Clan Bidge Connector | | Part 1: Creditors with Priori | • | | | | |
| | 5 Glen Ridge Connector nta, GA 30342 | · · | Part 2: Creditors with Nonp | riority Unsecured Clair | ns | | | |
| - 1110 | | Last 4 digits of account number | | | | | | |
| | and Address | On which entry in Part 1 or Part 2 did yo | _ | | | | | |
| • | ital One | | Part 1: Creditors with Priori | • | | | | |
| | : Bankruptcy Box 30285 | | Part 2: Creditors with Nonp | riority Unsecured Clair | ns | | | |
| | Lake City, UT 84130 | | | | | | | |
| | | Last 4 digits of account number | | | | | | |
| Name | and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | | | | |
| • | ital One | Line 4.4 of (Check one): | Part 1: Creditors with Priori | ity Unsecured Claims | | | | |
| | : Bankruptcy | 1 | Part 2: Creditors with Nonp | oriority Unsecured Clair | ns | | | |
| | 3ox 30285 Lake City, UT 84130 | | | | | | | |
| | | | | | | | | |

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Debtor 1 David Couchenour 23-20280 Debtor 2 Susan A. Couchenour Case number (if known) On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address First National Bank Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcv Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 3128 Omaha, NE 68103 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? First National Bank of Omaha Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 2557 ■ Part 2: Creditors with Nonpriority Unsecured Claims Omaha, NE 68103-2557 Last 4 digits of account number 2650 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? GreenSky Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 2730 Part 2: Creditors with Nonpriority Unsecured Claims Alpharetta, GA 30023-2730 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Greensky Llc Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims 1797 Northeast Expy Ne, Ste 100 Atlanta, GA 30329 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Keybank NA Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Key Bank; Attention: Recovery Part 2: Creditors with Nonpriority Unsecured Claims Payment Pr 4910 Tiedeman Road (Routing Code: 08-01-Brooklyn, OH 44144 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Magisterial District Judge 50-3-04 Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Honorable David T. Kovach ■ Part 2: Creditors with Nonpriority Unsecured Claims 9028 Marshall Road Cranberry Twp, PA 16066 Last 4 digits of account number 2021 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **State Collection Service** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2509 S. Stoughton Road ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 6250 Madison, WI 53716-0250 Last 4 digits of account number 9318 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? SYNCB/Home Design Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims Po Box 965060 Orlando, FL 32896 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank/Sams Club Line **4.10** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Part 2: Creditors with Nonpriority Unsecured Claims Po Box 965060 Orlando, FL 32896 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Target Card Services** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 660170 Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

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| Debtor 2 Susan A. Couchenour | | Case number (if known) | 23-20280 | |
|---|---|------------------------------------|---------------------------|--|
| Dallas, TX 75266-0170 | | | | |
| | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | | |
| Target Nb | Line 4.11 of (Check one): | ☐ Part 1: Creditors with Prior | ity Unsecured Claims | |
| C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440 | | Part 2: Creditors with Nonp | priority Unsecured Claims | |
| , | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | | |
| USX FCU | Line 4.12 of (<i>Check one</i>): | ☐ Part 1: Creditors with Prior | ity Unsecured Claims | |
| PO Box 1728 Cranberry Twp, PA 16066 | | Part 2: Creditors with None | priority Unsecured Claims | |
| crambony mp, not recee | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | | |
| Usx Federal Credit Union | Line 4.12 of (Check one): | ☐ Part 1: Creditors with Prior | ity Unsecured Claims | |
| 100 Blair Blvd. New Stanton, PA 15672 | | Part 2: Creditors with Nong | oriority Unsecured Claims | |
| New Glanton, 1 A 13072 | Last 4 digits of account number | | | |
| | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Γotal . | 6f. | Student loans | 6f. | \$ 0.00 |
| claims rom Part 2 | 6~ | Obligations original sub-of-s consention agreement or diverse that | | |
| rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 45,067.94 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 45,067.94 |

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| Fill in this information to identify your case: | | | | | | |
|---|-----------------|--------------------|-----------------|--|------------------------------------|--|
| Debtor 1 | David Couchenor | ır | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 Susan A. Couchenour | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| OF PENNSYLVANIA | | | |
| Case number | 23-20280 | | | | | |
| (if known) | | | | | Check if this is an amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit | h whom you have the c er, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | · | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

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| | | Scrieuu | ies rayezi u | 145 | |
|--|---|--|---|---|--|
| Fill in this | information to identify your | case: | Ü | | |
| Debtor 1 | David Couchenou | ır | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | Susan A. Couche | nour Middle Name | Last Name | | |
| | 9) | | | | |
| United Stat | es Bankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | | |
| Case numb | per 23-20280 | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | amended ming |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| 1. Do y No Yes 2. With Arizona No. Yes 3. In Coluin line Form | a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spouturn 1, list all of your codebt 2 again as a codebtor only in 106D), Schedule E/F (Official | you are filing a joint case, I lived in a community properties, New Mexico, Publish, or legal equivalent livers. Do not include your fithat person is a guarant | do not list either spouse roperty state or territor uerto Rico, Texas, Wash e with you at the time? | ry? (Community proper ington, and Wisconsin.) r if your spouse is filin sure you have listed t | ty states and territories include) ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| (| olumn 2. Column 1: Your codebtor lame, Number, Street, City, State and Zl | P Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt |
| | , , , , , , , , , , , , , , , , , , , | | | _ | |
| 3.1 | Name | | | Schedule D, lir | |
| | tame | | | ☐ Schedule E/F,☐ Schedule G, lir | |
| _ | Number Chrost | | | — Ochedale O, III | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | D Schedule D, lir | ne |
| 1 | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street | _ | | _ | |
| (| City | State | ZIP Code | | |
| | | | | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill | in this information to identify you | ır case: | | | | | | | | |
|---------------------|--|---|--|-----------------------|----------------|------------------------------|--------------------|----------------------|--|-----------------|
| | | uchenour | | | | | | | | |
| | btor 2 Susan A. buse, if filing) | Couchenour | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for | the: WESTERN DISTRICT | OF PENNSYLVAN | IIA | | | | | | |
| | se number 23-20280 | | | | | | nended plemer | nt show | ring postpetition | |
| 0 | fficial Form 106I | | | | | MM / | DD/ YY | /YY | , and the second | |
| S | chedule I: Your In | come | | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as p plying correct information. If y use. If you are separated and ch a separate sheet to this for tt 1: Describe Employme | ou are married and not filing wing spouse is not filing wing. On the top of any additions. | ng jointly, and you th you, do not incl | r spouse ude infor | is liv mati | ing with you on about yoເ | , inclu ır spot | de info ıse. If ı | rmation about more space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Del | btor 2 | or non | -filing spouse | |
| ati inf | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed | | | • | Employ | yed | | |
| | | Employment status | ■ Not employed | | | | Not em | ployed | | |
| | | Occupation | | | | Cli | ent Se | ervice | s Rep | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | Pe | nn Na | tional | Insurance C | ompany |
| | Occupation may include stude or homemaker, if it applies. | nt Employer's address | | | | | | | cond Street A 17101 | |
| Par | tt 2: Give Details About | How long employed the | here? | | | | 42 | 2 years | 3 | |
| Esti spou | mate monthly income as of thuse unless you are separated. The or your non-filing spouse have a space, attach a separate shee | e date you file this form. If | , , | • | • | | person | on the | • | J |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | | 0.00 | \$ | 3,996.28 | |
| 3. | Estimate and list monthly ov | ertime pay. | | 3. | +\$ | | 0.00 | +\$_ | 0.00 | |
| 4. | Calculate gross Income. Ad | d line 2 + line 3. | | 4. | \$ | 0.0 | 0 | \$ | 3,996.28 | |

| | tor 1 tor 2 | David Couchenour Susan A. Couchenour | _ | Ca | ise number (<i>if known</i>) | 23-2 | 20280 | |
|-----|----------------|--|------------|----------|--------------------------------|-----------|----------------------------------|----------|
| | | | | | an Dahtan 4 | F | n Dahtan 2 an | |
| | | | | - | For Debtor 1 | | r Debtor 2 or n-filing spouse | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | \$ | 3,996.28 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | 685.55 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | | \$- | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | \$ | 326.06 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | | \$ | 115.87 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 282.17 | |
| | 5f. | Domestic support obligations | 5f. | \$ | | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | | \$_ | 0.00 | |
| | 5h. | Other deductions. Specify: Term Life Insurance | _ 5h.+ | | | + \$_ | 49.14 | |
| | | ADD Insurance | | \$ | 0.00 | \$_ | 6.20 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$_ | 1,464.99 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$_ | 2,531.29 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.5 | | | • | | |
| | 0h | monthly net income. Interest and dividends | 8a. 8b. | \$ \$ | | \$_ \$ | 0.00 | |
| | 8b. 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ | | Ψ_ \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | | \$ - | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | | \$_ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | ⊦ \$ | 0.00 | + \$_ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 1,254.60 | \$_ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | _ | 1,254.60 + \$ | 2, | 531.29 = \$ | 3,785.89 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | | - | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. \$ | 3,785.89 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form' No. | ? | | | | Combine monthly | |
| | | Yes. Explain: Debtor's retirement loan ends in about two years | | | | | | |

| | | | | | | Ī | | |
|------------|---|-------------------------------------|------------------------|---|--|----------------|------------------|--|
| Fill | in this informa | ation to identify yo | our case: | | | | | |
| Deb | tor 1 | David Couch | nenour | | | Check | if this is: | |
| | tor 2 | Susan A. Co | uchenou | r | | | | ving postpetition chapter |
| (Spc | ouse, if filing) | | | | | 1 | 3 expenses as of | the following date: |
| Unite | ed States Bankı | ruptcy Court for the | : WESTE | ERN DISTRICT OF PENNS | SYLVANIA | | MM / DD / YYYY | |
| | e number 23 nown) | 3-20280 | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be a | as complete ormation. If m | and accurate as | possible eded, atta | . If two married people ar | | | | |
| Part | | ribe Your House | hold | | | | | |
| 1. | Is this a join | | | | | | | |
| | □ No. Go to | | : | ata hawaahaldo | | | | |
| | | es Debtor 2 live | ın a separ | ate nousenoid? | | | | |
| | ■ N □ Y | - | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debto | or 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | | ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No |
| 3. | Do your ex | penses include | _ | | | | | ☐ Yes |
| Э. | expenses o | of people other t d your depende | han 👝 | No Yes | | | | |
| exp app | imate your ex enses as of a licable date. | a date after the l | our bankr bankrupto | yptcy filing date unless y y is filed. If this is a supp | elemental <i>Schedule</i> | | | |
| the | | h assistance an | | government assistance it cluded it on <i>Schedule I:</i> Y | | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgag | e 4. \$ | | 1,274.06 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home | maintenance, re | epair, and ι | ıpkeep expenses | | 4c. \$ | | 200.00 |
| _ | | eowner's associat | | | and a surface to | 4d. \$ | | 0.00 |
| 5. | Additional i | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

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| Debt | | David Co | ouchenour | | | |
|------|--------------|---------------------------------|--|--------------|----------------|-------------------------------|
| Debt | or 2 | Susan A | A. Couchenour | Case num | ber (if known) | 23-20280 |
| | | | | | | |
| 6. | Utilit | | heat astimal mas | 0- | Φ. | |
| | 6a. | - | , heat, natural gas | 6a. | \$ | 222.00 |
| | 6b. | • | wer, garbage collection | 6b. | \$ | 60.00 |
| | 6c. | • | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 422.00 |
| _ | 6d. | Other. Spe | • | 6d. | \$ | 0.00 |
| | | | ekeeping supplies | 7. | \$ | 550.00 |
| 8. | - | | children's education costs | 8. | \$ | 0.00 |
| | | • | Iry, and dry cleaning | 9. | \$ | 140.00 |
| | | | products and services | 10. | \$ | 70.00 |
| | | | ntal expenses | 11. | \$ | 180.00 |
| 12. | Tran Do n | sportation. ot include c | Include gas, maintenance, bus or train fare. ar payments. | 12. | \$ | 300.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Char | ritable cont | tributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insu | rance. | | | | |
| | | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | | Life insura | | 15a. | · | 0.00 |
| | 15b. | Health ins | surance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle in | surance | 15c. | \$ | 118.31 |
| | 15d. | Other insu | urance. Specify: | 15d. | \$ | 0.00 |
| 16. | | | nclude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Spec | | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | 4- | • | 440.00 |
| | | . , | ents for Vehicle 1 | 17a. | · — | 410.00 |
| | | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Spe | • | 17c. | · | 0.00 |
| | | Other. Spe | · | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| 10 | | | your pay on line 5, Schedule I, Your Income (Official Form 106l). | 10. | \$ | |
| 19. | | | s you make to support others who do not live with you. | 10 | Φ | 0.00 |
| 20 | Spec | , | erty expenses not included in lines 4 or 5 of this form or on Sche | 19. | vur Incomo | |
| 20. | | | s on other property | 20a. | | 0.00 |
| | | Real estat | · · · | 20b. | | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | ner's association or condominium dues | 20a. 20e. | · | |
| 04 | | | ier's association or condominium dues | | · | 0.00 |
| 21. | Otne | er: Specify: | | 21. | +\$ | 0.00 |
| 22. | Calc | ulate your | monthly expenses | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 3,946.37 |
| | 22b. | Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 3,946.37 |
| | | | , , , | | · — | |
| 23. | | - | monthly net income. | | _ | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,785.89 |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 3,946.37 |
| | 23c | Subtract v | your monthly expenses from your monthly income. | | | |
| | 236. | | t is your monthly net income. | 23c. | \$ | -160.48 |
| 24 | Do v | OH OVECT | an increase or decrease in your expenses within the year after yo | u filo thia | form? | |
| 24. | | | an increase or decrease in your expenses within the year after you expect your car loan within the year or do you expect your | | | ease or decrease because of a |
| | | | terms of your mortgage? | 9~90 | | |
| | ■ N | 0. | | | | |
| | □ Ye | | Explain here: | | | |
| | | | The state of the s | | | |

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| Fill in this inform | ation to identify your | case: | | | |
|--------------------------------------|--|---|--|----------------------------|--|
| | ation to identity your | case. | | | |
| Debtor 1 | David Couchenou | *** | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Susan A. Couche | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | | |
| Case number 2: | 3-20280 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Form Declarati | | an Individual | Debtor's Sch | edules | 12/15 |
| You must file this obtaining money o | form whenever you fi | ile bankruptcy schedules n connection with a banl | nsible for supplying corrects s or amended schedules. Ma kruptcy case can result in fi | aking a false statement, c | |
| Sign | Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an attor | rney to help you fill out banl | kruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. Na | ame of person | | | | Petition Preparer's Notice, gnature (Official Form 119) |
| | y of perjury, I declare true and correct. | that I have read the sum | nmary and schedules filed w | rith this declaration and | |

X /s/ David Couchenour

David Couchenour

Signature of Debtor 1

Date February 14, 2023

X /s/ Susan A. Couchenour

Susan A. Couchenour

Date February 14, 2023

Signature of Debtor 2

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| Fill | in this info | rmation to identify you | r case: | | | | | | | |
|--------|------------------|---|--|-------------------------------------|--|---------------------------------|--|--|--|--|
| Del | otor 1 | David Couchend | our | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | |
| Deb | otor 2 | Susan A. Couch | enour | | | | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Uni | ted States E | Bankruptcy Court for the: | WESTERN DISTRICT OF | F PENNSYLVANIA | | | | | | |
| Cas | se number | 23-20280 | | | | | | | | |
| (if kn | nown) | | | | _ c | heck if this is an | | | | |
| | | | | | aı | mended filing | | | | |
| | | | | | | | | | | |
| Of | ficial F | orm 107 | | | | | | | | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 04/22 | | | | |
| | | | | | . , | | | | | |
| | | | | | equally responsible for supply additional pages, write you | | | | | |
| num | ber (if kno | wn). Answer every que | stion. | | | | | | | |
| Par | t 1: Give | Details About Your Ma | arital Status and Where You | ı Lived Before | | | | | | |
| 1 | | our current marital statu | 167 | | | | | | | |
| ١. | Wilat is yo | ui current mantai statt | 19 : | | | | | | | |
| | Marrie | ed | | | | | | | | |
| | ☐ Not m | arried | | | | | | | | |
| 2. | During the | e last 3 years, have you | lived anywhere other than | where you live now? | | | | | | |
| | - N- | | | | | | | | | |
| | ■ No □ Yes. I | ist all of the places you l | ived in the leat 2 years. Do n | at include where you live new | , | | | | | |
| | □ res. i | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| | | | lived there | | | lived there | | | | |
| 3. | | | | | ity property state or territory | | | | | |
| state | es and territ | ories include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | ico, Texas, Washington and W | (isconsin.) | | | | |
| | No | | | | | | | | | |
| | ☐ Yes. I | Make sure you fill out Scl | hedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| | | | | | | | | | | |
| Par | t 2 Exp | ain the Sources of You | r Income | | | | | | | |
| 1 | Did you ha | ave any income from en | nnlovment or from operatir | ng a business during this ve | ear or the two previous calen | ndar vears? | | | | |
| • | Fill in the to | otal amount of income yo | u received from all jobs and a | all businesses, including part- | time activities. | idai youror | | | | |
| | If you are f | iling a joint case and you | have income that you receiv | e together, list it only once ur | nder Debtor 1. | | | | | |
| | □ No | | | | | | | | | |
| | Yes. I | Fill in the details. | | | | | | | | |
| | | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions | | | | |
| | | | Check all that apply. | exclusions) | oneck all that apply. | and exclusions) | | | | |
| Fro | m lanuary | 1 of current year until | □ \\\\\ \\\\ \\\\\ \\\\\ \\\\\\\\\\\\\ | \$0.00 | - | , | | | | |
| | | led for bankruptcy: | ☐ Wages, commissions, bonuses, tips | Φ 0.00 | Wages, commissions, bonuses, tips | \$3,811.14 | | | | |
| | - | | _ | | _ | | | | | |
| | | | ☐ Operating a business | | Operating a business | | | | | |

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David Couchenour

Debtor 1

23-20280 Debtor 2 Susan A. Couchenour Case number (if known) **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$0.00 \$47,365.61 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2022) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$0.00 \$44,420.31 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2021) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$1,254.60 the date you filed for bankruptcy: **Benefits** For last calendar year: **Social Security** \$13,672.80 (January 1 to December 31, 2022) **Benefits** For the calendar year before that: Social Security \$14,785.20 (January 1 to December 31, 2021) **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ...

paid

still owe

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David Couchenour

Debtor 1

23-20280 Debtor 2 Susan A. Couchenour Case number (if known) Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe **Quicken Loans / Rocket Mortgage** 01/2023 \$3,822.18 \$113,238.00 Mortgage 1050 Woodward Ave 12/2022 ☐ Car Detroit, MI 48226 11/2022 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other **Northwest Federal Credit Union** 01/2023 \$1,230,00 \$22,033.00 ☐ Mortgage 200 Spring 12/2022 Car Herndon, VA 20170 11/2022 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes. List all payments to an insider **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number **USX FEDERAL CREDIT UNION VS. Civil Collection Court of Common Pleas of** □ Pending **Westmoreland Co** DAVID C COUCHENOUR, SUSAN □ On appeal **COUCHENOUR** 2 N Main St Concluded 21JU01346 Mezzanine, Room 3 Greensburg, PA 15601 TRANSCRIPT JUDGMENT Apr/15/2021 \$5,942.06

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| Deb | tor 2 | Susan A. Couchenour | | Case nun | nber (if kno | wn) 23-20280 | |
|-----|-------|--|---------|---|--------------|--------------------------|----------------------------|
| 0. | | n 1 year before you filed for bankro k all that apply and fill in the details b | | was any of your property repossessed, foreck | osed, gaı | nished, attache | ed, seized, or levied? |
| | _ | | | | | | |
| | _ | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| | | | _ | Assaulte the Duenouty | D | 10 | Value of the |
| | Crec | litor Name and Address | L | escribe the Property | Da | ate | Value of the property |
| | | | E | xplain what happened | | | |
| 11. | | n 90 days before you filed for bank unts or refuse to make a payment l | | r, did any creditor, including a bank or financia e you owed a debt? | al institut | ion, set off any | amounts from your |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | Cred | litor Name and Address | D | escribe the action the creditor took | | ate action was ken | Amount |
| 12. | | n 1 year before you filed for bankro -appointed receiver, a custodian, c | | was any of your property in the possession of her official? | f an assig | nee for the ber | efit of creditors, a |
| | | No | | | | | |
| | | Yes | | | | | |
| Par | 5: | List Certain Gifts and Contribution | าร | | | | |
| 13. | _ | | ruptcy | , did you give any gifts with a total value of mo | ore than \$ | \$600 per persor | 1? |
| | _ | No | | | | | |
| | | Yes. Fill in the details for each gift. | | | _ | | |
| | | s with a total value of more than \$6 person | 00 | Describe the gifts | | ates you gave e gifts | Value |
| | | on to Whom You Gave the Gift and ress: | I | | | | |
| 14 | Withi | n 2 years before you filed for bank | runtcv | , did you give any gifts or contributions with a | ı total val | ue of more than | s \$600 to any charity? |
| • | _ | No | | , a.a. , o.a. go a, go o. ooaaoo a | | | . 4000 10 mily olimility i |
| | | Yes. Fill in the details for each gift or | contrib | ution. | | | |
| | Gifts | s or contributions to charities that | total | Describe what you contributed | Da | ites you | Value |
| | Cha | e than \$600 rity's Name | | · | co | ntributed | |
| | Add | ress (Number, Street, City, State and ZIP Coo | le) | | | | |
| Par | 6: | List Certain Losses | | | | | |
| 15. | | n 1 year before you filed for bankrombling? | uptcy o | or since you filed for bankruptcy, did you lose | anything | because of the | eft, fire, other disaster |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | cribe the property you lost and | Desc | ribe any insurance coverage for the loss | | ate of your | Value of property |
| | how | the loss occurred | | de the amount that insurance has paid. List pendi | ing | ss | lost |
| | | | insur | ance claims on line 33 of Schedule A/B: Property | '. | | |
| Par | 7: | List Certain Payments or Transfer | s | | | | |
| 16. | cons | ulted about seeking bankruptcy or | prepa | did you or anyone else acting on your behalf pring a bankruptcy petition? ers, or credit counseling agencies for services rec | | | erty to anyone you |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | on Who Was Paid | | Description and value of any property | | ite payment | Amount of |
| | Add | ress ill or website address | | transferred | | transfer was ade | payment |
| | | iii or website address son Who Made the Pavment. if Not | You | | m | aut | |

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David Couchenour Debtor 1 Susan A. Couchenour Debtor 2

Case number (if known) 23-20280

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | transferred | Date payment or transfer was made | Amount of payment | | |
|-----|---|---|---|-------------------|---|---|
| | Steidl and Steinberg P.C. 707 Grant Street Suite 2830 - Gulf Tower Pittsburgh, PA 15219 | | | | February 2, 2023 | \$1,838.00 |
| | Allen Credit & Debt Counseling Agency 195 Brook St East Wessington, SD 57381 | <i>!</i> | | | December 19, 2022 | \$25.00 |
| | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you | s or to make paymen | | | r transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details. | siness or financial af de as security (such as | fairs? the granting of a sec | | | |
| | Person Who Received Transfer Address Person's relationship to you | | | | any property or received or debts change | Date transfer was made |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-profined No Yes. Fill in the details. | | ny property to a sel | f-settled tru | st or similar device | of which you are a |
| | Name of trust | Description and | value of the proper | ty transferre | ed | Date Transfer was made |
| D | List of Outsin Figure in Language | turan and a Cafe Danie | '' B 0 | | | made |
| | List of Certain Financial Accounts, Ins | | | | | |
| - | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc | other financial accor | unts; certificates of | | | , |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | clo mo | te account was sed, sold, ved, or nsferred | Last balance before closing or transfer |

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David Couchenour Debtor 1 23-20280 Debtor 2 Susan A. Couchenour Case number (if known) 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Describe the contents Name of Financial Institution Who else had access to it? Do you still have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No ☐ Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No

Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material?

No

☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

Case 23-20280-CMB Doc 7-2 Filed 02/14/23 Entered 02/14/23 10:24:36 Schedules Page 33 of 45 **David Couchenour** Debtor 1 23-20280 Debtor 2 Susan A. Couchenour Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David Couchenour /s/ Susan A. Couchenour **David Couchenour** Susan A. Couchenour Signature of Debtor 1 Signature of Debtor 2 Date February 14, 2023 Date February 14, 2023 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

__. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _

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| Fill in this inform | Fill in this information to identify your case: | | | | | | |
|---------------------|---|--------------------|-----------------|--|------------------------------------|--|--|
| Debtor 1 | David Couchenou | ır | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bar | nkruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | | | | |
| Case number | 23-20280 | | | | | | |
| (if known) | | | | | Check if this is an amended filing | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| 1. For any credit information be | • | e: Creditors Who Have Claims Secured by Property (C | Official Form 106D), fill in the |
|--|--|---|---|
| Identify the cr | editor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's N | Jorthwest Federal Credit Union | ☐ Surrender the property. | ■ No |
| name: | | Retain the property and redeem it. | ■ NO |
| Description of property securing debt: | *Fair Market Value determined | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| Creditor's Q name: | Quicken Loans / Rocket Mortgage | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of | 9 · · · · · , · · · · · · · · · · · · · | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | 15642 Westmoreland County | ■ Retain the property and [explain]: | |
| securing debt: | *Fair Market Value determined by Appraisal from 11/30/2022 | Retain & Pay | |
| | | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended.

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| Debt | | isan A. Couchenour | | Case number (if known) | 23-20280 | | |
|---|------------------------------------|---|------------------------------------|---|----------------------------|--|--|
| You n | nay assu | me an unexpired personal property lea | ase if the trustee does not assume | it. 11 U.S.C. § 365(p)(2 | ·). | | |
| Desc | cribe vou | r unexpired personal property leases | | | Will the lease be assumed? | | |
| Less | or's name |): :: | | | □ No □ Yes | | |
| | or's name cription of erty: | | | | □ No □ Yes | | |
| | or's name cription of erty: | | | | □ No □ Yes | | |
| | or's name cription of erty: | | | | □ No □ Yes | | |
| Desc | or's name cription of erty: | | | | □ No □ Yes | | |
| | or's name cription of erty: | | | | □ No □ Yes | | |
| | or's name cription of perty: | | | | □ No □ Yes | | |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. | | | | | | | |
| | David C | d Couchenour Couchenour e of Debtor 1 | = = - | A. Couchenour Couchenour Debtor 2 | | | |
| | Date | February 14, 2023 | Date Februa | ary 14, 2023 | | | |

Debtor 1 David Couchenour

| Fill in this information to identify your case: | | | | | |
|---|--------------------|----------------------------------|--|--|--|
| Debtor 1 | David Couchenour | | | | |
| Debtor 2 (Spouse, if filing) | Susan A. Couchenou | <u>r</u> | | | |
| United States Bankruptcy Court for the: | | Western District of Pennsylvania | | | |
| Case number (if known) | 23-20280 | | | | |

| Check one box | only as | directed | in this | form | and in | Form |
|---------------|---------|----------|---------|------|--------|------|
| 122A-1Supp: | | | | | | |
| | | | | | | |

- 1. There is no presumption of abuse
- □ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Debtor 1 | | or 2 or filing spouse |
|--|---------------------|---------------------|-----------------------------|----------|------|------------------------------|
| Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and co | mmissi | ons (before all | \$ | 0.00 | \$ 3,996.28 |
| Alimony and maintenance payments. Do not include Column B is filled in. | payme | nts from | a spouse if | \$ | 0.00 | \$ 0.00 |
| 4. All amounts from any source which are regularly partial of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3. | Includ d, your o | e regula depende | contributions nts, parents, | \$ | 0.00 | \$ 0.00 |
| 5. Net income from operating a business, profession, | or farn | ı | | | | |
| | | Deb | otor 1 | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from a business, profession, or far | m \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| 6. Net income from rental and other real property | | | | | | |
| | | Deb | otor 1 | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | |
| Ordinary and necessary operating expenses | - \$ | 0.00 | | | | |
| Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| 7. Interest, dividends, and royalties | | | | \$ | 0.00 | \$ 0.00 |

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Susan A. Couchenour Debtor 2 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 0.00 3,996.28 3,996.28 each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3.996.28 Multiply by 12 (the number of months in a year) 12 47,955.36 12b. The result is your annual income for this part of the form 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. PA Fill in the number of people in your household. 2 74.369.00 Fill in the median family income for your state and size of household. 13 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ David Couchenour X /s/ Susan A. Couchenour **David Couchenour** Susan A. Couchenour

David Couchenour

Debtor 1

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| Debtor 1 Debtor 2 | David Couchenour Susan A. Couchenour | | Case number (if known) | 23-20280 |
|----------------------|---|-------|------------------------|----------|
| | Signature of Debtor 1 | | Signature of Debtor 2 | |
| Da | te February 14, 2023 | Date | February 14, 2023 | |
| | MM / DD / YYYY | | MM / DD / YYYY | |
| | If you checked line 14a, do NOT fill out or file Form 122A-2. | | | |
| | If you checked line 14b, fill out Form 122A-2 and file it with this | form. | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 23-20280-CMB Doc 7-2 Filed 02/14/23 Entered 02/14/23 10:24:36 Description
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B2030 (Form 2030) (12/15)

7.

United States Bankruptcy Court Western District of Pennsylvania

| In re | David Couchenour Susan A. Couchenour | Case No. | 23-20280 |
|-------|--|---------------------------------|------------------------------------|
| | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION OF A | ATTORNEY FOR DE | EBTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am compensation paid to me within one year before the filing of the petition in bar be rendered on behalf of the debtor(s) in contemplation of or in connection with | nkruptcy, or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | \$ | 1,500.00 |
| | Prior to the filing of this statement I have received | \$ | 1,500.00 |
| | Balance Due | \$ | 0.00 |
| 2. | \$338.00 of the filing fee has been paid. | | |
| 3. | The source of the compensation paid to me was: | | |
| | ■ Debtor □ Other (specify): | | |
| 4. | The source of compensation to be paid to me is: | | |
| | ■ Debtor □ Other (specify): | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other | er person unless they are mem | bers and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensation with a person or copy of the agreement, together with a list of the names of the people share | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for | all aspects of the bankruptcy c | ease, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debt b. Preparation and filing of any petition, schedules, statement of affairs and pl c. Representation of the debtor at the meeting of creditors and confirmation he d. [Other provisions as needed] | an which may be required; | |
| | One meeting and analysis of your financial problem, prepa | ration and filing of the ba | nkruptcy petition, attendance |

- - By agreement with the debtor(s), the above-disclosed fee does not include the following service:

 Services in addition to the ones outlined above may be billed separately at the discretion of Steidl and Steinberg, P.C. Examples of additional work that would require payment of additional fees and costs include, but are not limited to; amendments to bankruptcy schedules, adversary proceedings, lien avoidances, any work related to the failure of the client to disclose or correct information contained in the bankruptcy petition, responses to motions for relief from stay, objections to discharge, reaffirmation agreements, and attendance at additional court hearings other than the originally-scheduled Section 341 Meeting. All services, including all written and verbal communications with Steidl and Steinberg, P.C., will be billed against the fee charged for the Chapter 7 bankruptcy. If the costs for those services exceeds the amount charged, Steidl and Steinberg, P.C. reserves the right to charge additional fees.

at one Section 341 Meeting, and normal correspondence with creditors, the bankruptcy trustee, and the client.

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| In re | David Couchenour Susan A. Couchenour | | Case No. | 23-20280 | |
|-------|--------------------------------------|-----------|----------|----------|--|
| | | Debtor(s) | | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | CERTIFICATION |
|--|--|
| I certify that the foregoing is a complete stateme this bankruptcy proceeding. | ent of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| February 14, 2023 | /s/ Kenneth Steidl |
| Date | Kenneth Steidl 34965 |
| | Signature of Attorney |
| | Steidl & Steinberg, P.C. |
| | 707 Grant Street |
| | Suite 2830 |
| | Pittsburgh, PA 15219-1908 |
| | 412-391-8000 Fax: 412-391-0221 |
| | ken.steidl@steidl-steinberg.com |
| | Name of law firm |

United States Bankruptcy Court Western District of Pennsylvania

David Couchenour

Date: February 14, 2023

Date: February 14, 2023

| In re | Susan A. Couchenour | | Case No. | 23-20280 | | | | |
|--------|--|------------------------------------|---------------------|--------------------|----|--|--|--|
| | | Debtor(s) | Chapter | 7 | | | | |
| | VERIFICAT | ATION OF CREDITOR MATRIX | | | | | | |
| The ab | ove-named Debtors hereby verify that the attac | ched list of creditors is true and | correct to the best | of their knowledge | s. | | | |

/s/ David Couchenour
David Couchenour
Signature of Debtor

/s/ Susan A. Couchenour Susan A. Couchenour Signature of Debtor